**TUFTS COMMUNITY APPEAL**

http://universityrelations.tufts.edu/tca/

Return this form to the President's Office, Ballou Hall, Medford/Somerville Campus  
Questions: Call X73780

Name: ____________________________  
Tufts ID: ____________________________  
Contact Phone Number: ____________________________

**TO MAKE A CONTRIBUTION:**

<table>
<thead>
<tr>
<th>Charity Name</th>
<th>Payment Options</th>
<th>Amount Per Pay Cycle</th>
<th>Total Pledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tufts Neighborhood Service Fund</td>
<td>CREDIT CARD</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Tufts Financial Aid</td>
<td>CREDIT CARD</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Community Health Charities</td>
<td>PERSONAL CHECK</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Community Works</td>
<td>PERSONAL CHECK</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Earth Share New England</td>
<td>PERSONAL CHECK</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Global Impact Charities</td>
<td>PERSONAL CHECK</td>
<td>$</td>
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<tr>
<td>United Way of Mass Bay</td>
<td>PERSONAL CHECK</td>
<td>$</td>
<td>$</td>
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<tr>
<td>United Way of Central MA</td>
<td>PERSONAL CHECK</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Charity of Your Choice</td>
<td>PERSONAL CHECK ONLY</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Please provide the following information:  
Please attach separate sheet if more than one charity.

Name of Agency: ____________________________________________________________________  
Street Address: ____________________________________________________________________  
City/State/Zip Code: ____________________________________________________________________

All checks must be made payable to the specific charity or agency; please do not make checks out to the Tufts Community Appeal.

**Authorization for payroll deduction or credit card payments:**

Payroll Deductions will begin January 1, 2015.  
Optional: I do not wish to be included in any raffles (initials)

Signature: ____________________________________________________________________  
Printed Name: ____________________________________________________________________ (PLEASE PRINT CLEARLY)

If paying by credit card, please complete the following:  
(For data security purposes, payment by credit card is available for internal giving options only.)

- [ ] AMERICAN EXPRESS  
- [ ] DISCOVER  
- [ ] MASTERCARD  
- [ ] VISA

Account #: ____________________________________________________________________  
Expiration Date: ____ / ____

The Tufts Community Appeal will release your name and address to the recipient organizations for the purpose of gift acknowledgment.  
If you do not want your information released for this purpose, initial here ____________.

HELPING TO MAKE A DIFFERENCE TOGETHER

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